

Entered - 05/02/01 - sb
CL01L0277 - DIANNE C. MITCHELL

CLAIM OF: CELIA SLAUGHTER,
through her insurance carrier,
Healthcare Recoveries, Inc.
P. O. Box 37440
Louisville, Kentucky 40233-7440

01- R-0806

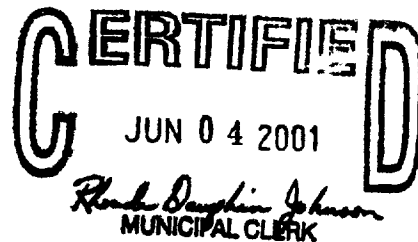
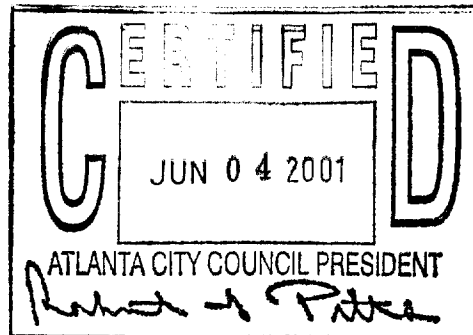
For damages alleged to have been sustained as a result of a vehicular
accident on August 30, 2000 at 3835 Campbellton Road.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

CITY COUNCIL JUN 04 2001

COM. Public Safety
DATE 5/29/01
CHIEF C. T. [Signature]
[Signature]
[Signature]
Cela [Signature]





**CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK**

**55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103**

June 19, 2001

Celia Slaughter
c/o Healthcare Recoveries, Inc.
P. O. Box 37440
Louisville, Kentucky 40233-7440

01-R-0806

Dear Ms. Slaughter:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on June 4, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0277

Date: May 8, 2001

Claimant /Victim CELIA SLAUGHTER

BY: (Ins. Co.) Healthcare Recoveries, Inc.

Address: P. O. Box 37440, Louisville, Kentucky 40233-7440

Subrogation: X Claim for Property damage \$ _____ Bodily Injury \$ 1,096.48

Date of Notice: 10/31/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/30/00 Place: 3835 Campbellton Road

Department Police Division: _____

Employee involved Sgt. P. G. Brooks Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle rear ended the claimant's stopped vehicle causing damages in the above amount. However, the claimant's healthcare insurer is attempting to subrogate for benefits paid on medical bills incurred due to the above accident. Pursuant to O.C.G.A. §44-12-24, the subrogation of personal injury claims is not permitted. The claimant's health insurer has been advised of the above.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05-16-01

Committee Action: _____ Council Action _____

HEALTHCARE RECOVERIES, INC.
P.O. Box 37440
Louisville, Kentucky 40233-7440
Telephone: (800)230-1013



April 24, 2001

M Mitchell
05/01/01
Da

CITY OF ATLANTA POLICE
ATTN: DIANNE MITCHELL
DEPT OF LAW STE 4100
CITY HALL TOWER 68 MITCHELL ST SW
ATLANTA, GA 30305

ENTERED - 5-2-01 - SB
01L0277 - DIANNE MITCHELL

RE: Your Insured: City of Atlanta Police
Our Insured: CELIA SLAUGHTER
Health Plan: UNITED HEALTHCARE OF GEORGIA, INC.
Loss Date: 08/30/00
Our File No: IA-070442624000
Your File No:
Your Policy:

Dear Sirs:

Healthcare Recoveries, Inc. provides subrogation and/or recovery services to the above health plan. The purpose of this letter is to serve as the plan's formal notice of its contractual subrogation and/or recovery rights as set forth in its contract with its insured.

Please contact this examiner prior to settlement so that we may furnish you with a total of any further benefits paid/incurred by the Health Plan for this loss.

REMITTANCE ADVICE

File Number: IA-070442624000

Amount Enclosed: \$ _____

Member Name: CELIA SLAUGHTER

(Please include file number on your check and enclose this remittance advice)

Sincerely,

Sharon S. Cashon

Sharon S. Cashon
(800)230-1013

*PUFW/0102 0000 IA-070442624000 LINS1 SSCA1110 1.1

004643190800

04

01-R-0806

RCS# 2912
6/04/01
2:56 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1 thru 12

ADOPT

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

YEAS: 12
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 3

Unanimous

Y McCarty	B Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	B Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	B Boazman	NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA

01-O-0653
01-O-0663
01-O-0664
01-O-0835
01-R-0181
01-R-0851

CONSENT

06/04/01 Council Meeting

**ITEMS ADOPTED ON
CONSENT AGENDA**

1. 01-O-0821
2. 01-O-0834
3. 01-O-0833
4. 01-O-0492
5. 01-O-0671
6. 01-O-0717
7. 01-O-0825
8. 01-O-0826
9. 01-O-0837
10. 01-R-0832
11. 01-R-0308
12. 01-R-0836
13. 01-R-0784
14. 01-R-0785
15. 01-R-0822
16. 01-R-0352
17. 01-R-0792
18. 01-R-0846
19. 01-R-0794
20. 01-R-0795

**ITEMS ADVERSE
ON CONSENT AGENDA**

21. 01-R-0796
 22. 01-R-0797
 23. 01-R-0798
 24. 01-R-0799
 25. 01-R-0800
 26. 01-R-0801
 27. 01-R-0802
 28. 01-R-0803
 29. 01-R-0804
 30. 01-R-0805
 31. 01-R-0806
 32. 01-R-0807
 33. 01-R-0808
 34. 01-R-0891
 35. 01-R-0810
 36. 01-R-0811
 37. 01-R-0812
 38. 01-R-0813
 39. 01-R-0814
 40. 01-R-0815
 41. 01-R-0816
 42. 01-R-0817
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